

PROVISIONS ON THE MANAGEMENT OF A NEW SYSTEM OF INSURANCE IN ROMANIA

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Summary:

Responsibility does not mean looking for a scapegoat for a mistake, but really taking responsibility. Who assumes responsibility is willing to do whatever it can to achieve its objective and thus confidence.

Managerial work is a collection of recipes required to apply, but requires discernment capacity, skill and talent of the managers, for which is considered both "a science and art", he thought to achieve results through others' but assuming the responsibility for the results achieved

Ensure that the economic phenomenon, is taking a certain risk from the insured by the insurer for a price. Assuming that social insurance is a reaction to the risk that everyone faces in social and economic life, insurance can be distinguished: exogenous risks targets whose probability of production can be calculated with great precision, but objective risks private information, the chance probability of the event is largely an individual's private information, which creates problems of insurance company risks endogenous targets whose expression is the consequence of known variables, controlled by each individual and moral hazard caused by cases the insured may worsen risk used to calculate average insurance premium.

Key words : sistem, insurance, management, economics

Any person, system or process is viewed from different angles properties that can be considered strengths or weaknesses. Their rational behavior requires their identification and action in accordance with claims that everything is perfect etc. One will face a lack of credibility. This is because inevitably, who works makes mistakes. And if you do not talk about these mistakes is that you often do not realize it, or do not want to change anything. Management is not doing a good impesie but să.ți evaluate real and potential to improve your performance.

In the current economic context marked by globalization, recognizing the interdependence of environmental, security and development, assist in increasing demands for quality products / services, environmental protection and health and safety at work, demanding regulations embodied in the increasingly severe.

Discerning and understanding trends in the global economy at the beginning of the third millennium, the learning characteristics of the business environment, the essential features of the market economy is the issue to be decisive factors to worry about the economy of each country and especially Central and Eastern European countries that have went to a market economy after 1990. Ensuring the welfare of these countries will depend on how policy makers will be able to integrate national economies into the world economic activity, dominated by the phenomena of globalization and globalization.

Romania an the romanian economy, today part of the European economy, the represented in all its forms for almost half a century, a missing link in the chain of the European economy and factual re started after 2007, the country requires special costs for businesses and people.

Reduction of these costs, requires those responsible for national and institutional level, a great responsibility in ensuring the legal and economic manifested businesses and their managers, science and art integration and development necessary to the Romanian economy, as principles of competition, efficiency economic and implementation of the new, now at the beginning of the third millennium.

Also in this economic and social competition, which is trained and Romania, including Romanian insurance industry, Romanian management thinking based on the latest information and knowledge on the positive experience of others, will have to contribute, known as the special role of activity in her financial and insurance, in a healthy economy.

I appreciate that a good manager should know in detail the factors in addition to working outdoors in the company field characteristics and peculiarities of the field, the company he leads, as such, in chapter one, we did an analysis of insurance as an economic activity and the insurance market as a framework in which this activity takes place, both internationally and at national level.

Knowledge management features and factors of influence in security management, provides management team and ability to meet objectives, managerial, completed the construction on time and the amount provided insurance fund, insurance and adjusting to market profit.

The organizational and functional peculiarities of insurance companies and influence on their management requirements are defined as profit and satisfy shareholders, policyholders' needs, legal requirements and social obligations.

The influence of insurance management, contain: the randomness of the damage, the legal form of insurance, insurance industry, the territorial scope of insurance, size of funds established by the company outsourcing (outsourcing), characteristics of marketing of insurance.

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In an insurance company, they are determined by: the general strategy, long-term objectives and short-term budget and the allocation of resources, the company policies and procedures in each area for performing the tasks.

Planning stages in an insurance company include: the establishment of the mission; developing strategies, establishing long-term goals and short-term development budgets, developing policies and operational procedures.

-the strategy defines the way the action is well chosen and be consistent from one period to another, be prepared in writing, to involve all concerned in their implementation.

- the forecasting, setting strategic objectives, based on situational awareness current situation and future design expressed in the same finish, it makes assumptions based on information from internal and external environment of the society.

- the allocation of budgets, the remuneration which is involved in the action, including policies and procedures for implementation of activities.

The practical implementation of the plan, a matter for the managers, and control of the planning, analysis is based on reports of plan implementation.

Budget planning as a tool in an insurance company, starts from the proceeds of insurance premium volume (sales budget) estimate expenditure (expenditure budget), depending on the type and amount of insurance policies concluded, the period for which estimation is performed and can be corrected over time of business.

Specifics of organization of business insurance are defined of: organizational structure, defining relations in society, the qualifications for each post. Structure is done according to Peter Drucker's concepts: business analysis, decision analysis and relationship analysis.

Depending on the complexity of, is the delegation of responsibilities, hierarchical structure is established, functional, hierarchical-functional or insurance company.

- Hierarchical structure has the advantage of simplicity, ease of assessing performance and improves the decision-making process;

- Functional structure has the advantage that the company is organized around specialist areas of activity, but requires very good communication between them;

- Functional hierarchical structure has advantages of both structures, but has the disadvantage that specialists tend to take the lead in the hierarchy, or are neglected by the superiors.

Management in human resources management features are defined by decisive role in underwriting staff includes: requirements planning, recruitment and training.

The specifics of business management, guidance and supervision include employees to achieve objectives, practical purpose is other management activities, including activities related to management positions, including: delegation of authority, motivation, coordination activities, conflict mediation and change management, managers with an important role in training and promoting employees.

Analysis of the results is based on indicators of insurance and financial indicators, compared with those provided in the budget, define the causes that have generated and how to correct the violations. Responsibilities for achievement are set up per worker, practicing the self and the manager's assessment.

Rewarding encounters different forms from one society to another and may manifest by wage increases or commission, the public recognition of merit and other forms.

The Influence on business risk management in an insurance company

Some experts say that risk is part of the economic and social life, it being found as commercial risks, financial risks, social risks and production risks. The occurrence and risk action is influenced by subjective factors, dependent on the will of the entrepreneur and objective factors (pure), and will not depend on human activity, which in recent decades that has seen three trends: a steady increase particularly for risks and uncertainty, the use of increasingly intensive study of science resources in the socio-economic risk, increase and diversification of the applications and consequences of risk analysis techniques have resulted in social environment, in nature and each agent economic.

The *insurance risk assessment* is closely related to the identification of risk exposure and involves: identifying assets that are exposed, identify risks that may cause damage, evaluating and measuring the effects of event risk, which can be physical, such as functional and financial.

Today the Insurance companies use modern methods to identify risk such as process mapping method, which is based on analysis of processes of economic entities, map processes, which is a chart that shows exposure to risk factors, the means of production, goods and people participating, to be protected by insurance, the diagram defining the process, detailing the processes and identifying key components in the development of any process, namely: inputs, outputs, constraints, resources, assessment of risk priority, according to their importance, the probability of manifestation of serious incidents.

Most major insurance companies (carriers), broker/agents, and third party administrators (TPAs) offer/provide at least one external RMIS product to their insureds (clients) and any brokers involved in the insurance program. Most commonly, RMIS products allow individual claim detail look-up, basic trend report production, policy summaries and ad hoc queries. The resulting information can then be shared throughout the client's organization, usually for insurance program cost allocation, loss prevention and effective claim management at the local level. More advanced products allow multiple claim data sources to be consolidated into one “Master RMIS,” which is essential for most large client organizations with complex insurance programs.

The primary users of RMIS are risk/insurance departments of insured organizations and any insurance broker involved. Interestingly, it is much less common for the insured's safety department and vehicle operations department to have access to RMIS despite similar interest in the data. In fact, safety and vehicle operations of larger organizations typically maintain their own separate database systems of “accidents/incidents,” many of which will correlate to RMIS claim data.

Insurance companies normally use a different version of externally provided RMIS for internal use, such as by underwriting and loss control personnel. Occasionally, there could be timing or other differences that could cause data discrepancies between the internal system and externally provided RMIS.

Insurance brokers have a similar need for access to their insured client's claim data. Brokers are normally added as an additional user to the RMIS product provided to their clients by the insurance carrier and TPAs. The information available from RMIS is critical to the broker for interfacing effectively with their counterparts in the insurance carrier and TPAs. Additionally, effectively presented RMIS information that shows trends and analysis is essential to successfully marketing their clients' insurance programs.

Insurance carrier and a TPA claim adjusters traditionally use claims management systems to collect and manage claim information and to administer claims. Some client organizations, however, may choose to manage certain types of claims or those within a loss retention layer and thus use this type of system as well.

Typically, the claims management system provides the primary data to RMIS products. RMIS products in turn provide an externally accessed view into the client's claims data. RMIS products are commonly available directly from larger insurance carriers and TPAs, but the most advanced systems are often offered by independent RMIS vendors. Independent RMIS vendor systems are most desirable when a client organization needs to consolidate claims data from multiple current insurance programs and/or past programs with current program information.

The technique involves: identifying the event, probability of occurrence, how it affects, the number of people affected, risk assessment, classification and review solutions.

Risk assessment in life insurance, has a special role, because according to risks insured shall establish and quantify the insurance premiums. The evaluation shall include the obligation to disclose insurer insured any pre-existing health problem, age at the time the health insurance, term insurance.

Risk management involves knowledge of the event framework, macro or micro economic risk of the role of economic and social life and must include actions that are recorded after the event, with special role in the improvement measures and projects.

Practical ways to reduce insurance risk, include: reinsurance, hedging strategies, risk transfer part of different business partners.

The risk management in insurance companies, is a process of identification, analysis and response to potential risks of an organization, and once the risk assumed, the manager can take action: risk avoidance, mitigation or mitigation, or transfer of risk.

Risk Management Plan include: risk identification, evaluation, prioritization, risk response plan implementation, monitoring and control risk.

The implement risk management techniques, involves making decisions, regarding hedge if retained in society, if appeals to self-insurance or risk remains uncovered, and the damage will be listed under operating expenses.

Of the forms found in insurance risk, liquidity risk, defined as a situation where an insurer can no longer meet payments due to lack of financial resources liquid is of great importance, identification and assessment of quality requires knowledge assets, changes in state funding strategy and national and international insurance market.

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consequence of known variables, controlled by each individual and moral hazard caused by cases the insured may worsen risk used to calculate average insurance premium.

The underwriting risks still classified: speculative risks, which naturally exclude the likelihood of insurance (risk shareholder) pure risk, which may cause or event insured losses, random risks, defined as a cause unpredictable probability and random frequency, can be determined by statistical methods and the calculus of probabilities, the risk of moral hazard is created by the insured by its concern for the prevention of risk reduction at random.

The practice of management based on modern methods and techniques, whose main objective is making profit, participatory management, focused on the initiative and receptivity to new branch managers on coverage of the decision making process and in the ownership society, giving them shares at promotional prices and under form of incentives

Conclusion:

Activity management is vital in any economic field, the man still manager could be replaced by robot, thinking, action and feedback it decides the success or failure of a company in any field, the world economic giants, are tangible evidence of the role and importance of the manager, the need to invest more in the selection, education and training of managers, widely recognized as a very profitable investment.

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